

INSERT CLAIM STATEMENT AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>	<i>70331</i>	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AB</i>	<i>#07033</i>	<i>12-14-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	8/10/98
2	8/10/98
3	8/10/98
4	8/10/98
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50	8/10/98

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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